

Name  
in  
Full

James W. Chance

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months
Sex	Color or Race	white	Birth-place	Days	
Occupation	Where Residing if not at place of death				
Married, Single <del>or Widower</del>	Name of Wife or Husband	Mary Chance			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	J. A. Ruth				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular Disease of Heart*

Immediate *Dropsy*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

79

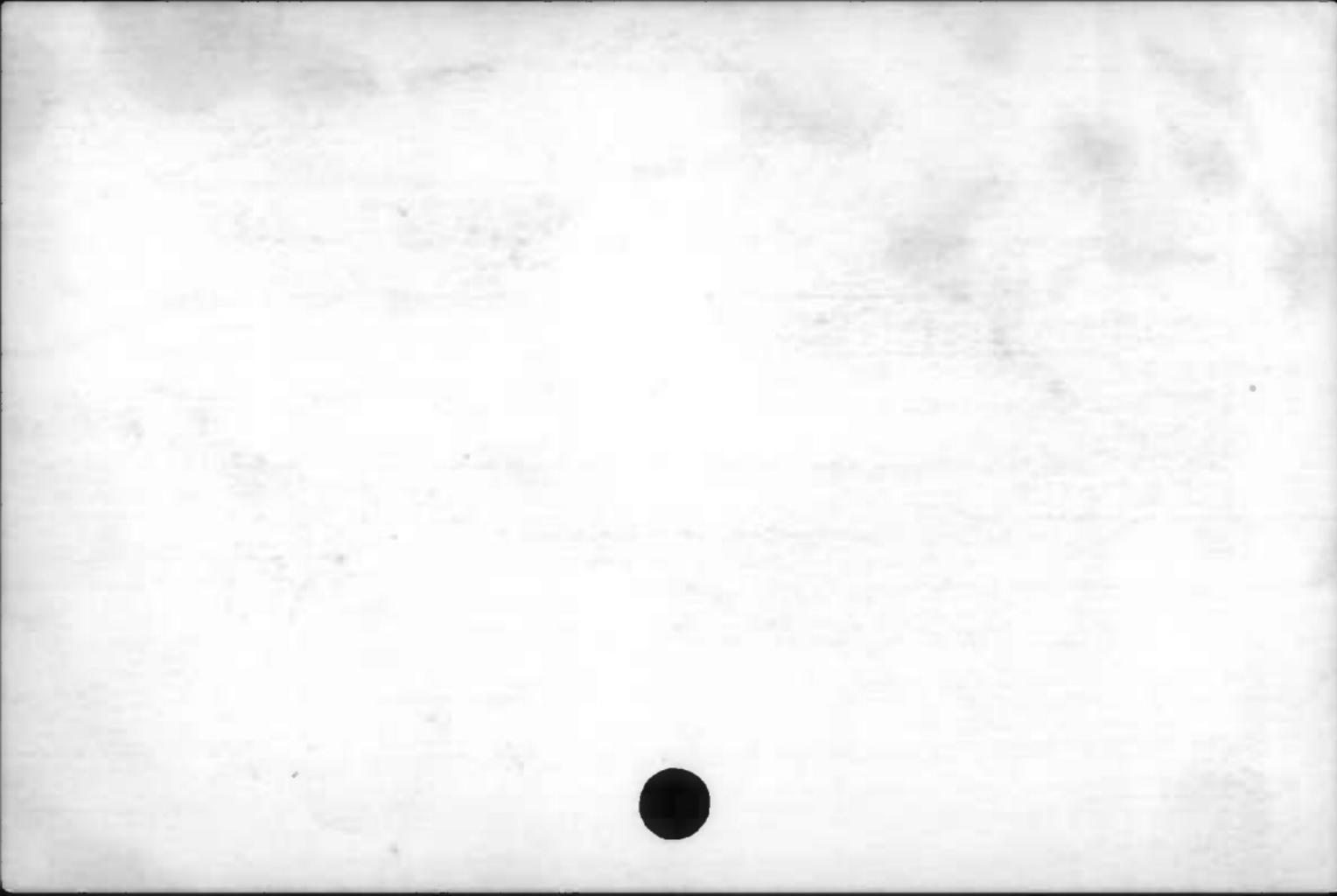
How long

How long

3 years

*Clancy Kemp*  
*Stevensville*  
*Md.*

Content of Salts



Name  
in  
Full

Joseph Fesmyer Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Centreville	County	Queen Anne	MARYLAND							
Died at											
Date of death	1909	Month	11	Day	26	Years	32	Month	8	Days	13
Sex	male	Color or Race	Wht American	Birth-place	Centreville Md						
Occupation	Stock Dealer	Where Residing if not at place of death	Centreville Md								
Married, Single or Widowed	Single	Name of Wife or Husband									
Father's Name	Joseph Fesmyer	Father's Birthplace	Phila, Pa								
Mother's Maiden Name	Mary E. Harper	Mother's Birthplace	Hillyboro, Md								
Name of person giving Information	Joseph Fesmyer	How related to deceased	Father								

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Lobar Pneumonia

93

How long

5 days

Immediate Cardiac Paralysis

How long

1 minute

Are the name, age, sex, color, date and place correctly given above?

yes

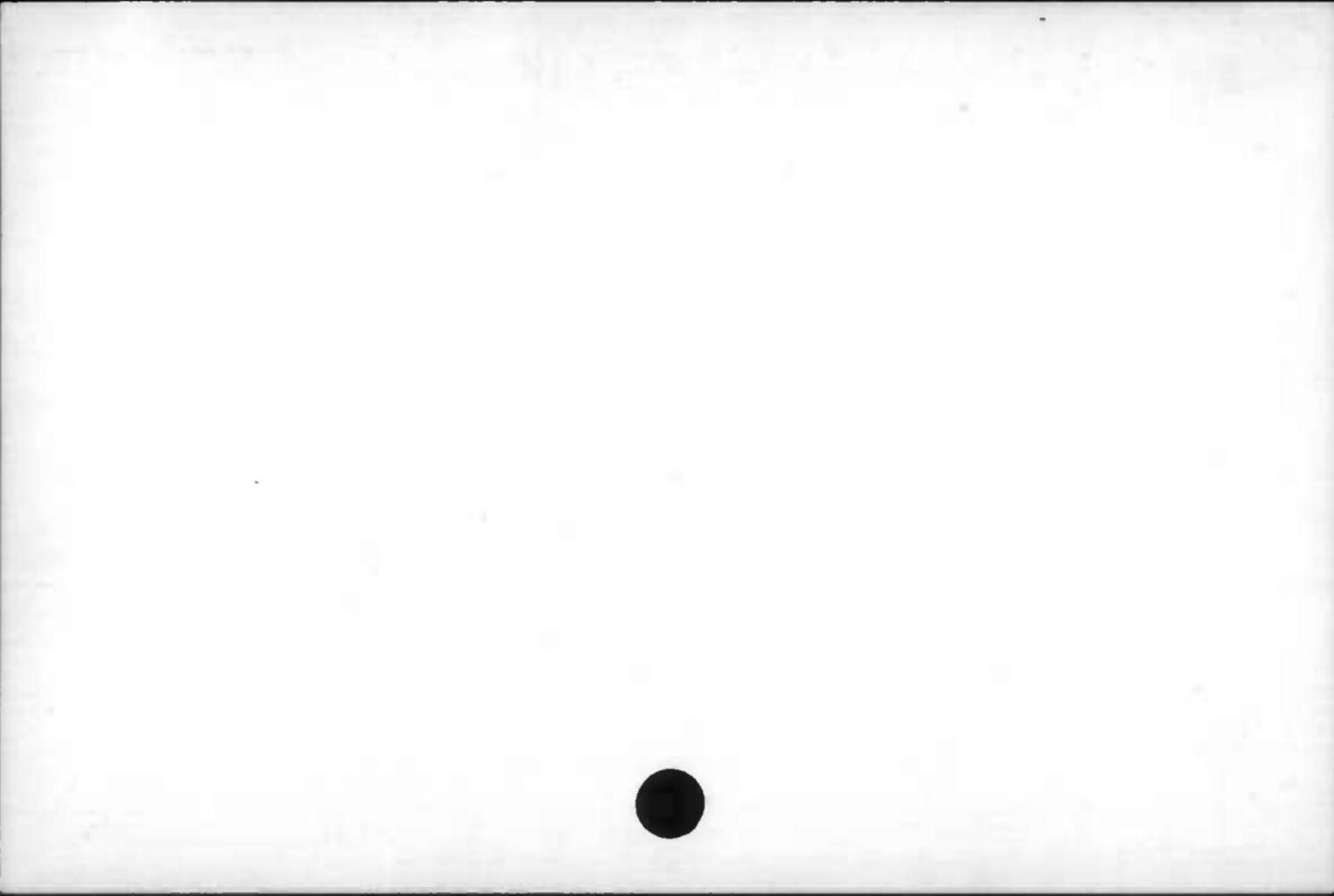
Signature of Physician

Address

Indoor Grace Md  
Baltimore Md

Accident or Suicide

no



Name  
in  
Full

Mary Elizabeth Handy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Reclining if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	alexandra Handy		
Father's Name	Last name was Hatters. First name not known			Father's Birthplace	Savana. Geo.
Mother's Maiden Name	Not known			Mother's Birthplace	Savana. Geo.
Name of person giving Information	alexandra Handy			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Locomotor Ataxia

Immediate

Epileptic Convulsions

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Walter H. Fenby,  
Centreville,  
R.R. No 4, Md.

(62)

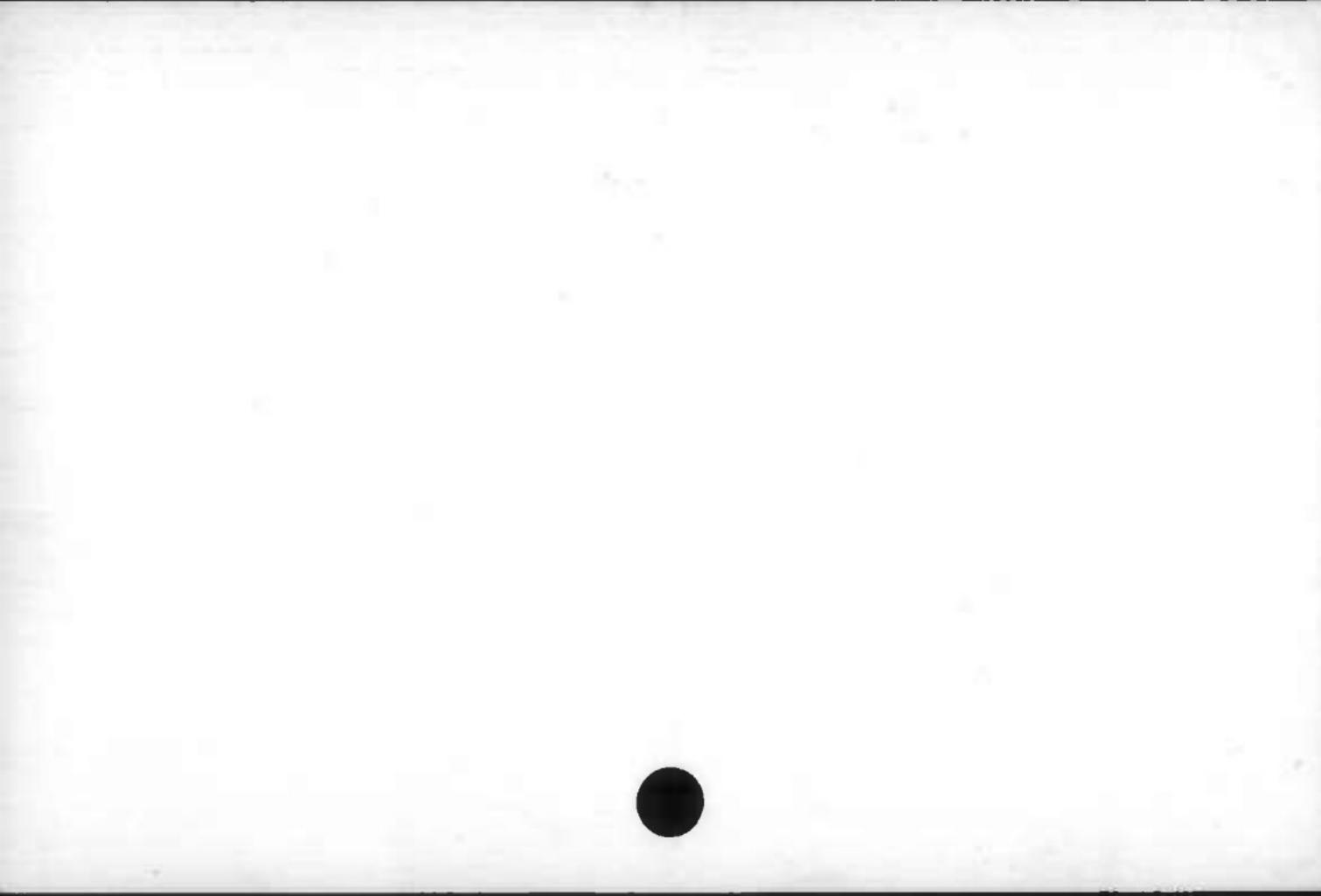
How long

Eight months & 26 Days.

How long

Four days.

Accident or Suicide



Name  
in  
Full

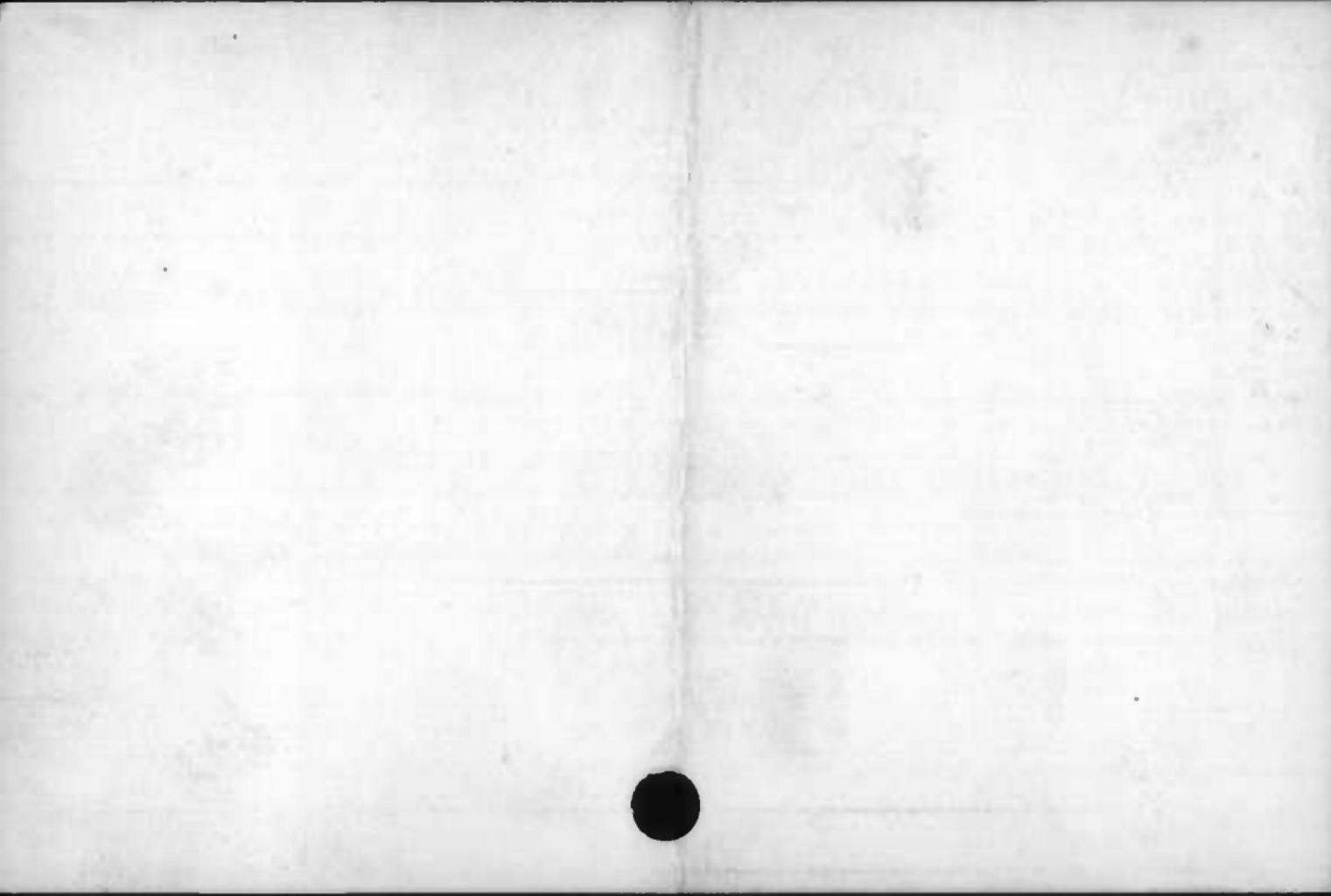
Charles E Hollis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Barclay</u>		Town	County <u>Potowmack</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>11</u>	Day <u>2</u>	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>col.</u>				Birth-place	<u>md</u>
Occupation <u>None</u>	Where Residing if not at place of death					<u>md</u>
Married, Single or Widowed <u>X</u>	Name of Wife or Husband <u>  </u>					
Father's Name <u>James Hollis</u>						Father's Birthplace <u>md</u>
Mother's Maiden Name <u>Belle Gibbs</u>						Mother's Birthplace <u>md</u>
Name of person giving Information <u>Chas Hollis</u>						How related to deceased <u>Father</u>
CAUSES OF DEATH						
Primary	<u>Unknown, did not see child</u>					How long <u>6 hours</u>
Immediate	<u>Unknown</u>					How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>yc</u>	Address <u>Frederick Sudd</u> <u>Suddersville</u>		
Accident or Suicide? <u>Don't Know</u>			<u>md</u>			

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

William Edward Hynson  
Town Died Month Day Year  
Died ~~Dear~~ Storkeys Avenue Queen Anne  
Date of death 1909 Nov 6 Age —  
Month Days

CERTIFICATE OF DEATH

MARYLAND

Date  
of death 1909 Nov

Month

Day

Year

Month

Days

Sex Male

Color or  
Race

Black

Birth-  
place

J. A. Co. Ind.

Occupation

Where Residing if not  
at place of death

At place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

William Henry Hynson

Father's  
Birthplace

J. A. Co. Ind.

Mother's  
Maiden Name

Rachel Ella Richardson

Mother's  
Birthplace

J. A. Co. Ind.

Name of person giving  
Information

William Henry Hynson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

(71)

How long

3 weeks

Immediate

Splash

How long

15 min.

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Dr. G. Leppage  
Churchill Hill  
Md

Accident or Suicide

Catharine Pencky.

Name  
in  
Full

Rosetta Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Age	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

Centreville Queen Anne's

Nov 8 8

Female colored

more Centreville

Single Balthil Jackson Centreville

Alice Hawkins Baltimore

Alice Jackson Mother

CAUSES OF DEATH

8

Primary

Phosphorus baeck

How long

7-03 weeks

Immediate

Cerebral congestion

How long

1 day

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

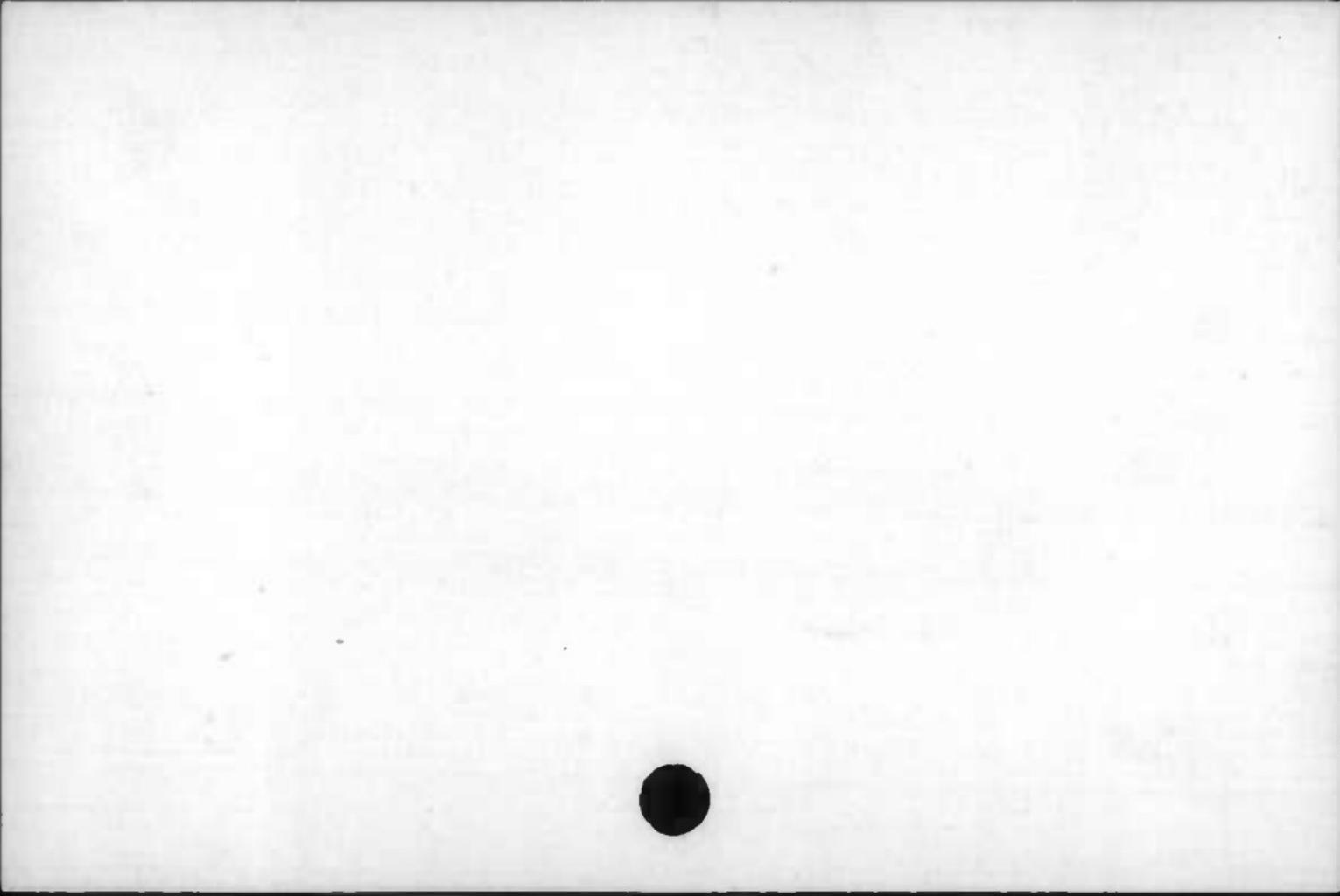
Yes

Signature of Physician

Address

Accident or Suicide?

No



Name  
in  
Full

Infant - Child of Richard & Julia Kilsan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Centreville MD Queen Anne Town County  
**MARYLAND**

Date of death 1909 Month 11 Day 8 Age Stillborn Years 0 Months 0 Days 0

Sex Girl Color or Race nigro

Occupation \_\_\_\_\_ Where Residing if not at place of death Centreville

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Richard Kilsan

Father's Birthplace

Centreville MD

Mother's Maiden Name

Julia Anna Smith

Mother's Birthplace

"

Name of person giving Information

Eliza Jane Smith

How related to deceased

Grand mother

CAUSES OF DEATH

Primary

Still born

How long

8 ✓

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

How long

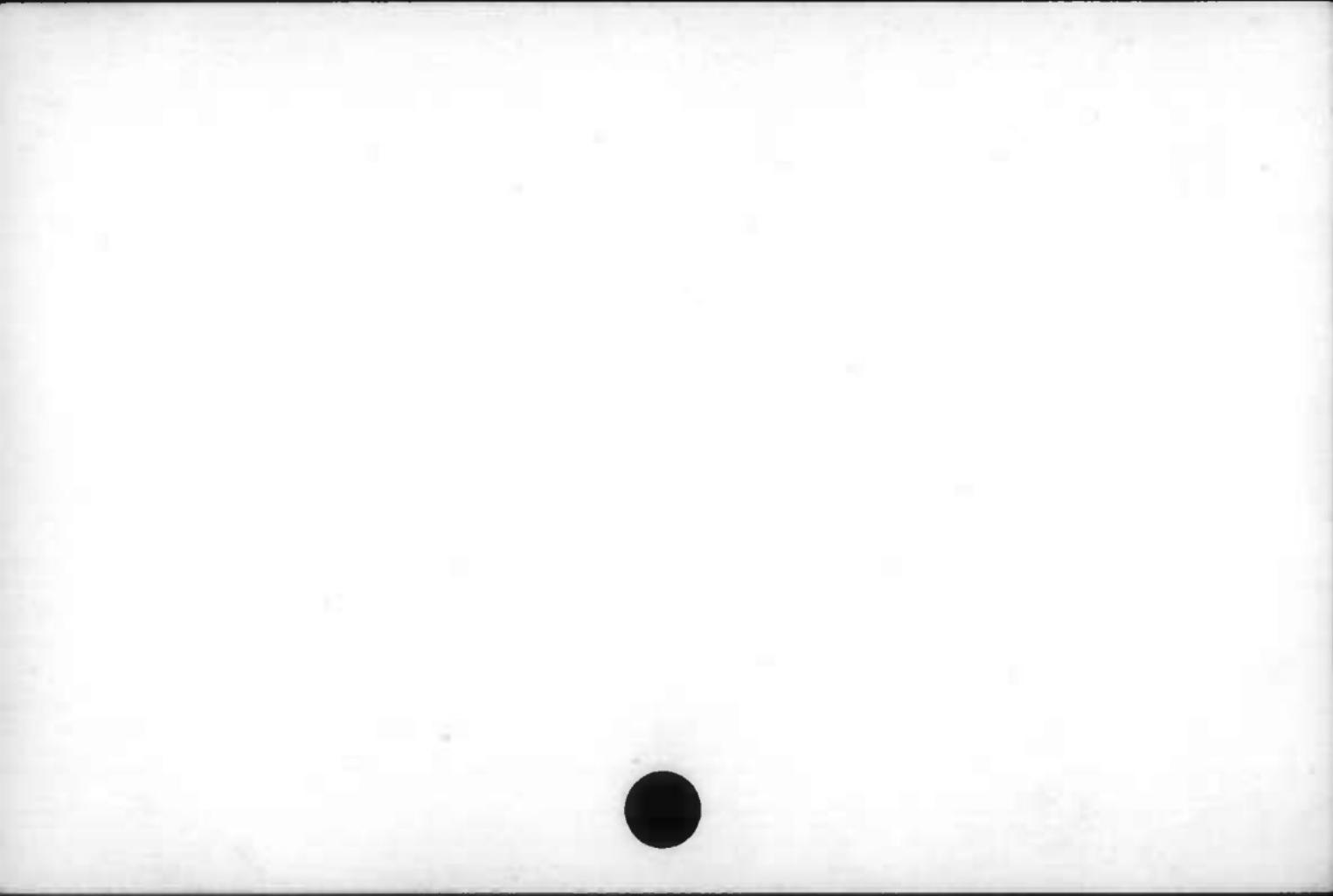
Signature of Physician

Address

Layrab Bechly  
Centreville  
MD

Accident or Suicide

No



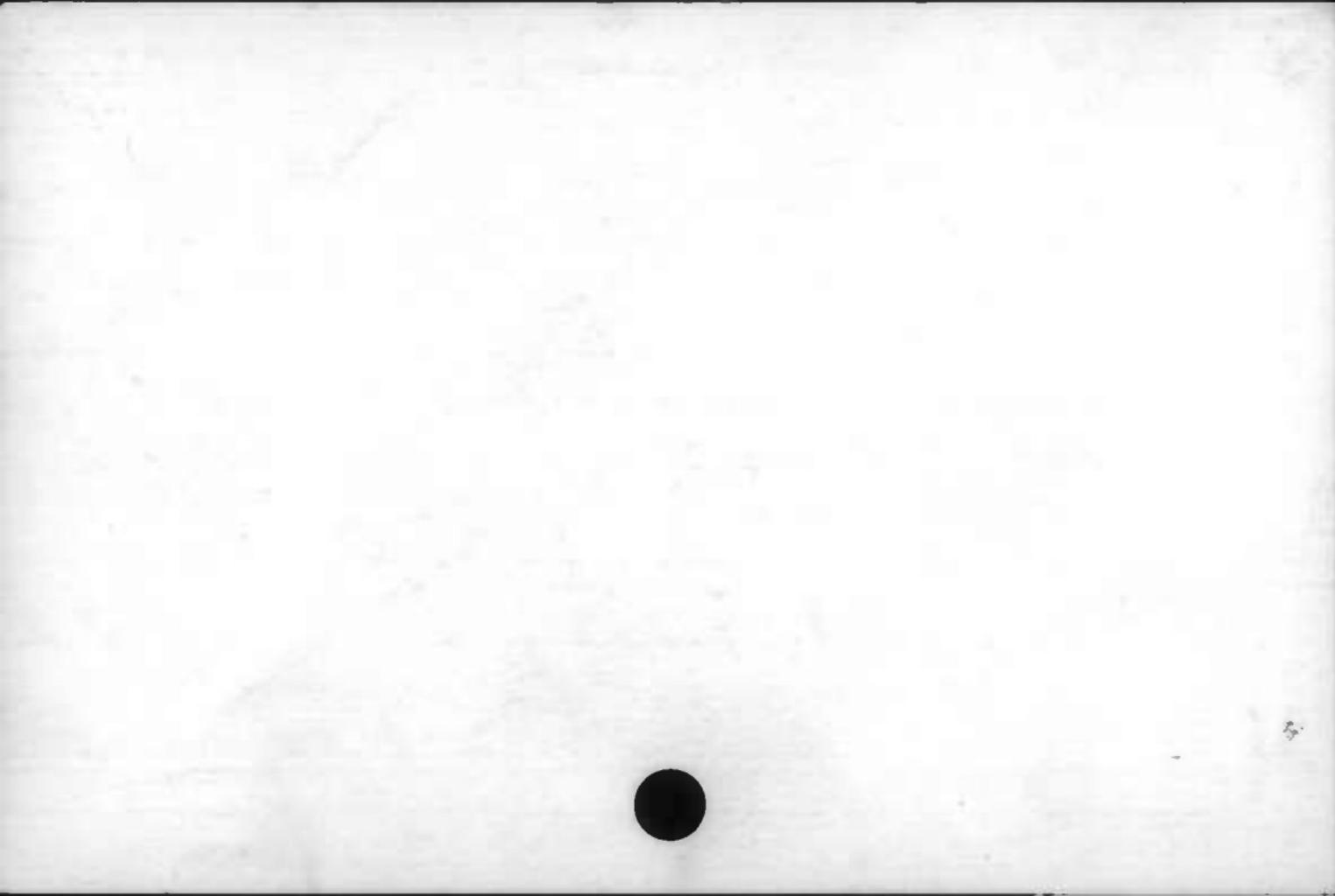
Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Name in Full		Jennie Mason		County	
Died at		Stevensville		Died at	
Town		Died at		County	
Date of death	Month	Day	Year	Month	Days
1909	Mar	8	19	-	-
Sex	Color or Race	Age		Birth- place	
Jennal	Color	19		Balto	
Occupation	Where Residing if not at place of death		Kent L.		
House, laborer					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Single	Lydia Mason		Virginia		
Father's Name			Mother's Birthplace		
Mother's Maiden Name	Lynnir Dorrigan		Left Island		
Name of person giving Information	Perry Stanbury		How related or deceased		
CAUSES OF DEATH					
Primary	Pulmonary Tuberculosis		27	long	
Immediate	Exhaustion			1 yr	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		How long
Yes			Address		Percy Kemp
					Stevensville Md.

Accident or Suicide



Name  
in  
Full

Nellie Nickerson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Barclay

Queen Anne

MARYLAND

Date  
of death

1909

Month

Nov.

Day

13

Years

1

Months

3

Days

25

Sex

Female

Color or  
Race

White

Birth-  
place

2nd

Occupation

Servant

Where Residing if not  
at place of death

at place birth

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

John Nickerson

Father's  
Birthplace

2nd

Mother's  
Maiden Name

Catherine Thompson

Mother's  
Birthplace

2nd

Name of person giving  
Information

John Nickerson

How related  
to deceased

Father

CAUSES OF DEATH

9

Primary

Congenital debility

How long

Since birth.

Immediate

Syphillis

How long

One week.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

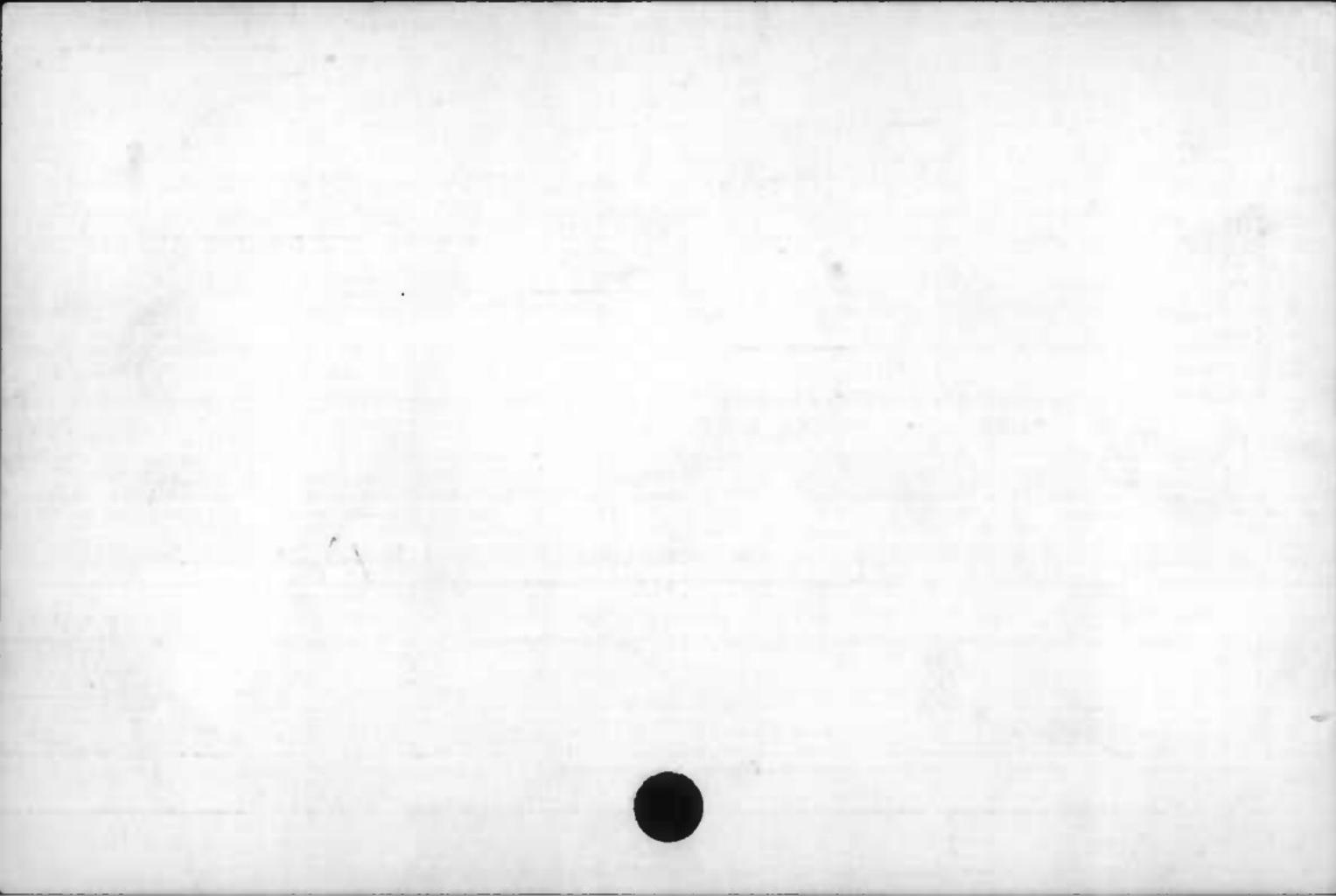
Address

Wm. K. Brown M.D.

Bethesda  
Md.

Accident or Suicide?

No.



Name  
in  
Full

John H. Shaeed

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Bethelville

Town

County

MARYLAND

Date of death	Month	Day	Years	Months	Days
1909	Mar	28	5-	6	13

Sex	male	Color or Race	Caucasian	Birth-place	Middleton Del
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Occupation	None	Where Residing If not at place of death	Bethelville Md
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Married, Single or Widowed	Single	Name of Wife or Husband	—
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Father's Name	Milton W. Shaw	Father's Birthplace	Sabot Del
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Mother's Maiden Name	Willie E. Wright	Mother's Birthplace	Del.
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Name of person giving information	Willie E. Shaw	How related to deceased	Mother
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CAUSES OF DEATH

Primary	Diabetes	50
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How long  
6 to 12 mos

Immediate	Diabetes Coma	86 Years
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How long  
86 Years

Are the name, age, sex, color, date and place correctly given above?

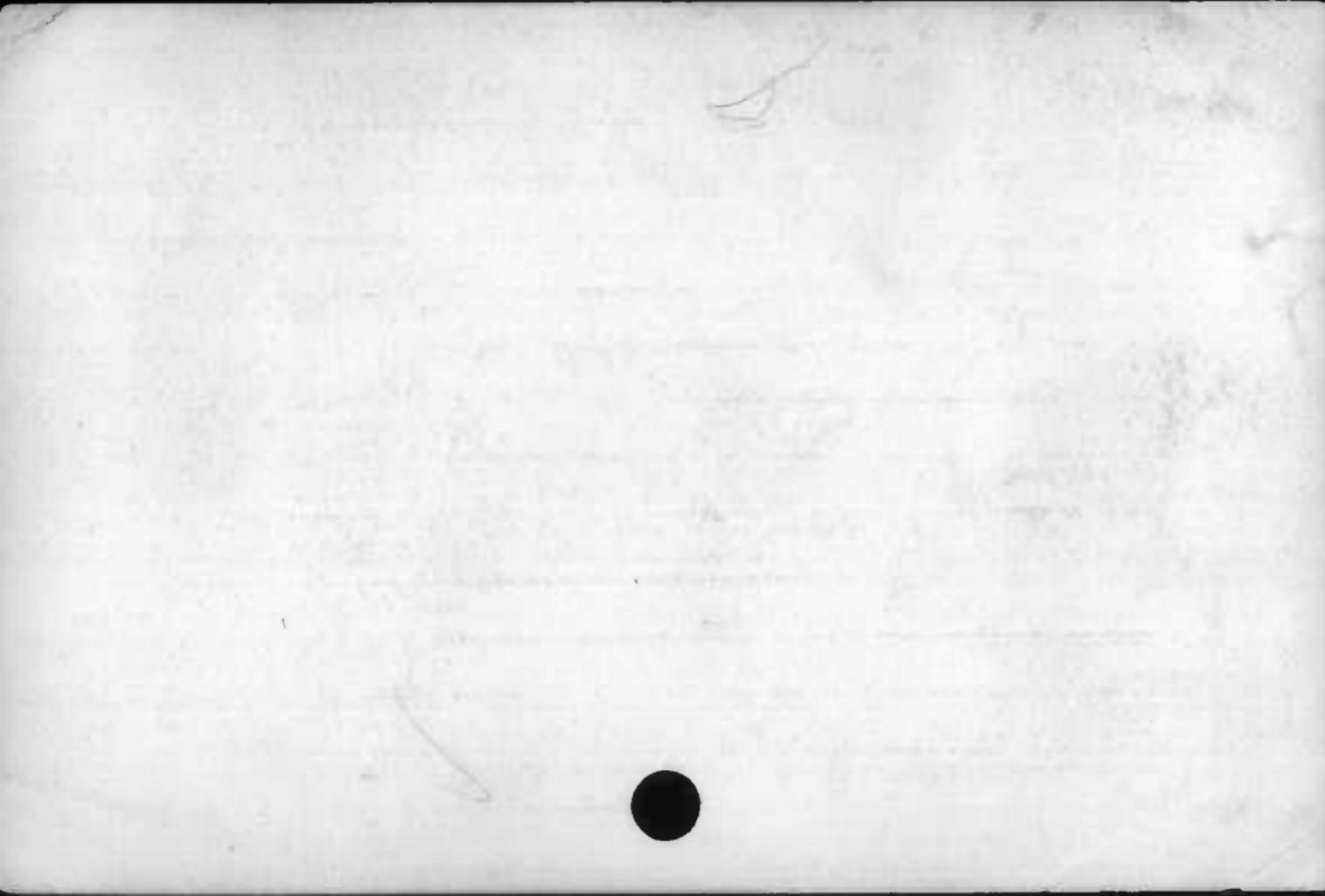
yes

Signature of Physician

Address

Accident or Suicide?

No



Name  
in  
Full

Infant Child of Raymond Smith &  
Nora Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Bentzville County Lancaster  
Town Month Year Age Years Months Days  
Date of death 1909 11 29 half hour  
Sex Female Color or Race colored  
Occupation  Where Residing if not at place of death Bentzville  
Bentzville

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving Information

Raymond Smith

Nora Hollis

Father

Father's Birthplace

Mother's Birthplace

How related to deceased

Bentzville

Bentzville

Father

151

How long

Primary

CAUSES OF DEATH

Immediate

Premature birth

Are the name, age, sex, color, date and place correctly given above?

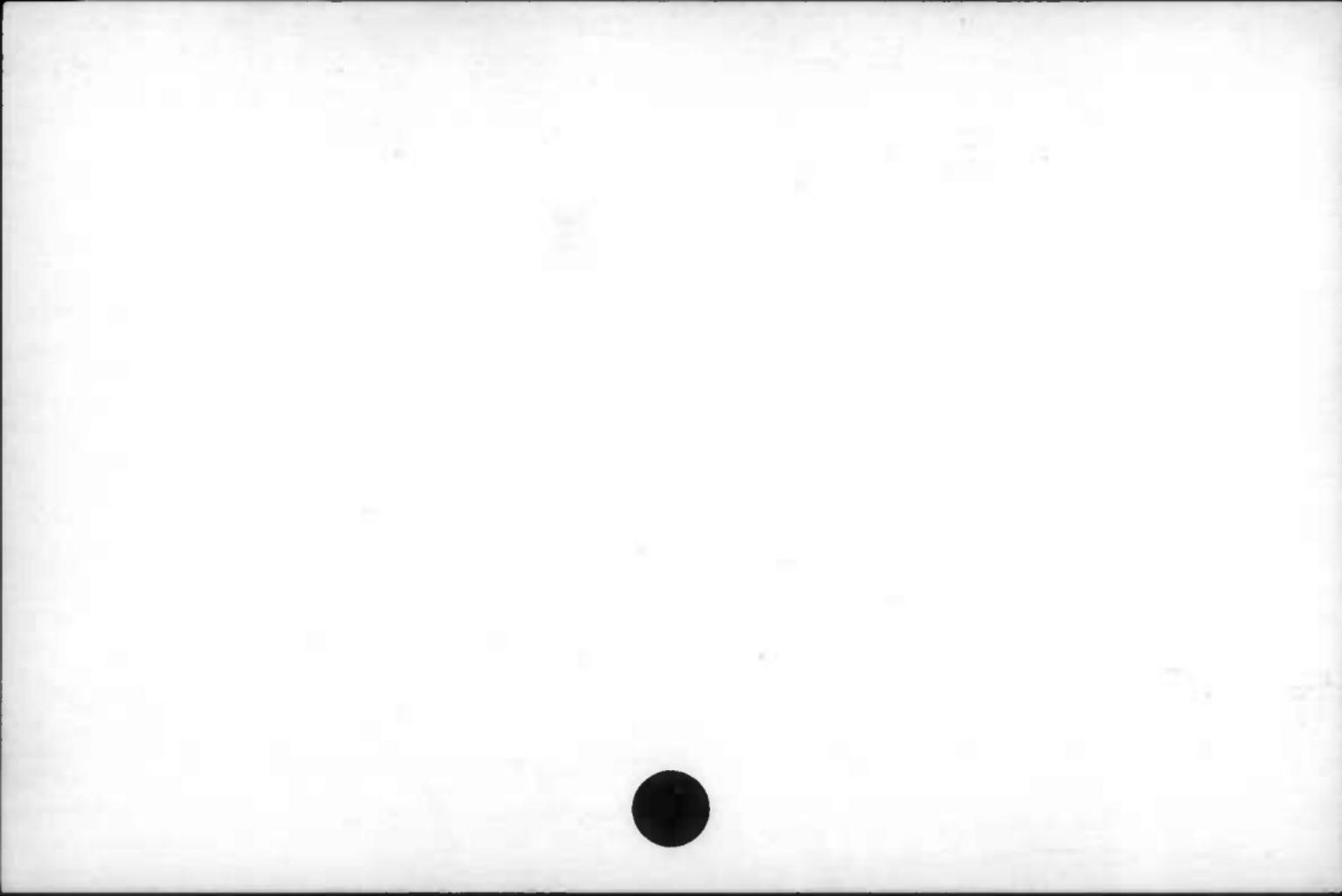
yes

Signature of Physician

Address

Laura E. Peading  
Bentzville, Md

Accident or Suicide



Name  
in  
Full

Emma Stant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Mar Chertown Queen Anne Town County  
1909 Nov. 22 Month Day Year Age 35 Months — Days  
Date of death Female Sex Color or Race White Birth-place Queen St. Lee MD  
Occupation Hauswife Where Residing if not at place of death died at home  
Married, Single Widowed Name of Wife or Husband Mrs Jonathan Stant  
Father's Name Mr. L. Hains Father's Birthplace 2 A. les.  
Mother's Maiden Name Sarah Elizabeth Corden Mother's Birthplace " "  
Name of person giving Information No. L. Hains How related to deceased 1320.

CAUSES OF DEATH

Primary

Exhaustion from over-work - 1 How long Three months.

Immediate

Typhoid Fever-Hypertension - 2 How long One week.

Are the names, age, sex, color, date and place correctly given above?

Yes

Signature of  
Physician

Harry L. Dogg. —

Address

Chertown, Md.

Accident or Suicide

Chas L. Dodd.  
Chester Cemetery

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mr. Jonathan Stuart

Town

County

Died at ~~near Chestertown~~ Lunen Annoe

CERTIFICATE OF DEATH

MARYLAND

Months

Deys

Date

of death 1909

Month

Dey

Years

Months

Age 36

Sex

Male

Color or  
Race

White

Birth  
place

Caroline Co.,  
Md.

Occupation

Fanner

Whare Residing if not  
at place of death

Die at his home

Married, Single  
or Widowed

Name of Wife or  
Husband

Emma Stuart -

Father's  
Name

Jonathan Stuart

Father's  
Birthplace

Del -

Mother's  
Maiden Name

Anganda Griffith -

Mother's  
Birthplace

Md. -

Name of person giving  
Information

Jonathan Stuart

How related  
to deceased

Father -

CAUSES OF DEATH

Primary

Typhoid Fever

①

How long

10 days -

Immediate

Intrastinal hemorrhage

How long

2 days -

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Harry L. Dodd -  
Chestertown, Md.

Accident or Suicide

Chas L. Dodd  
Centerville.

Cemetery.

2 H. Co.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Spencer Teat

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1909

11

27

Age 14

5

10

Sex

male

Color or  
Race

white

Birth-  
place

2nd

Occupation

Farm hand

Where Residing if not  
at place of death

at place of death.

Married, Single  
or Widowed

Sing

Name of Wife or  
Husband

wife

Father's  
Name

Jarius Teat

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Lucilla Meridith

Mother's  
Birthplace

Ind.

Name of person giving  
Information

Lucilla Meridith.

How related  
to deceased

Mother

CAUSES OF DEATH

①

How long

four weeks

How long

one day

Primary

Typhoid fever

Immediate

Detestine Kermesago perforation

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

W. W. Bowe M.D.

Laytonville  
Ind.

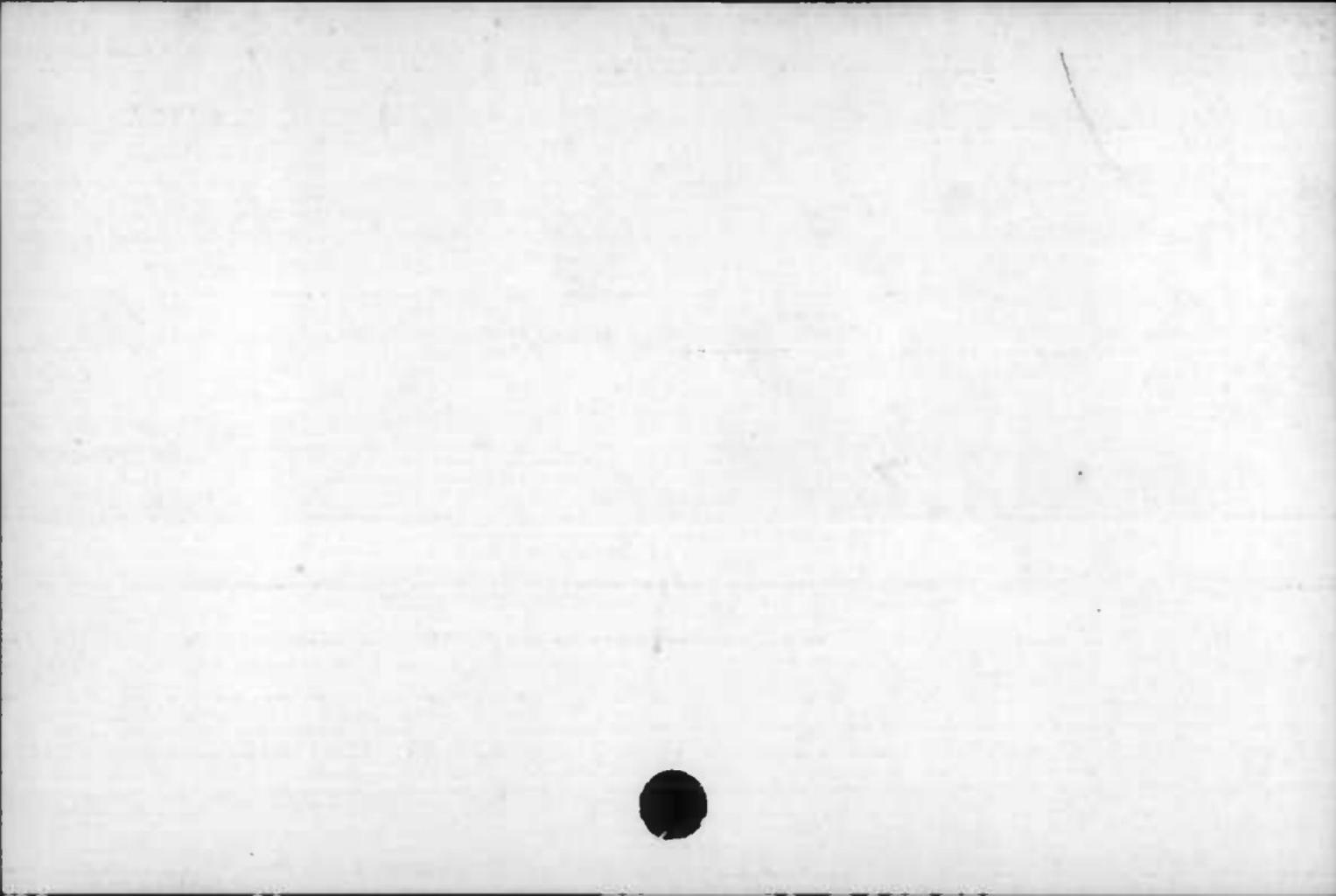
Accident or Suicide?

No



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

<i>Mary Eliza Tiat</i>				CERTIFICATE OF DEATH		
Died at	Town	County		MARYLAND		
Date of death 1909	Month 11	Day 2nd	Age 59 Years	Months ✓	Days ✓	
Sex Female	Color or Race Colored			Birth-place Ind		
Occupation wife	Where Residing if not at place of death Willoughby					
Married, Single or Widowed	Name of Wife or Husband William Tiat					
Father's Name James Blake	Father's Birthplace Ind					
Mother's Maiden Name Maria Taylor	Mother's Birthplace Ind					
Name of person giving Information John Broadway	How related to deceased None					
CAUSES OF DEATH						
Primary Hemiplegia			66	✓		
Immediate Convulsions - Nervous			How long 30 days			
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician JAS Slack M.D.					
Address 125 Wye Mills						
Accident or Suicide?						



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

unnamed Child of Noah Watkins

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Noah Watkins	Father's Birthplace	2d County
Mother's Maiden Name	Sindy Butler	Mother's Birthplace	2d County
Name of person giving information	Rachel Cooper	How related to deceased	non

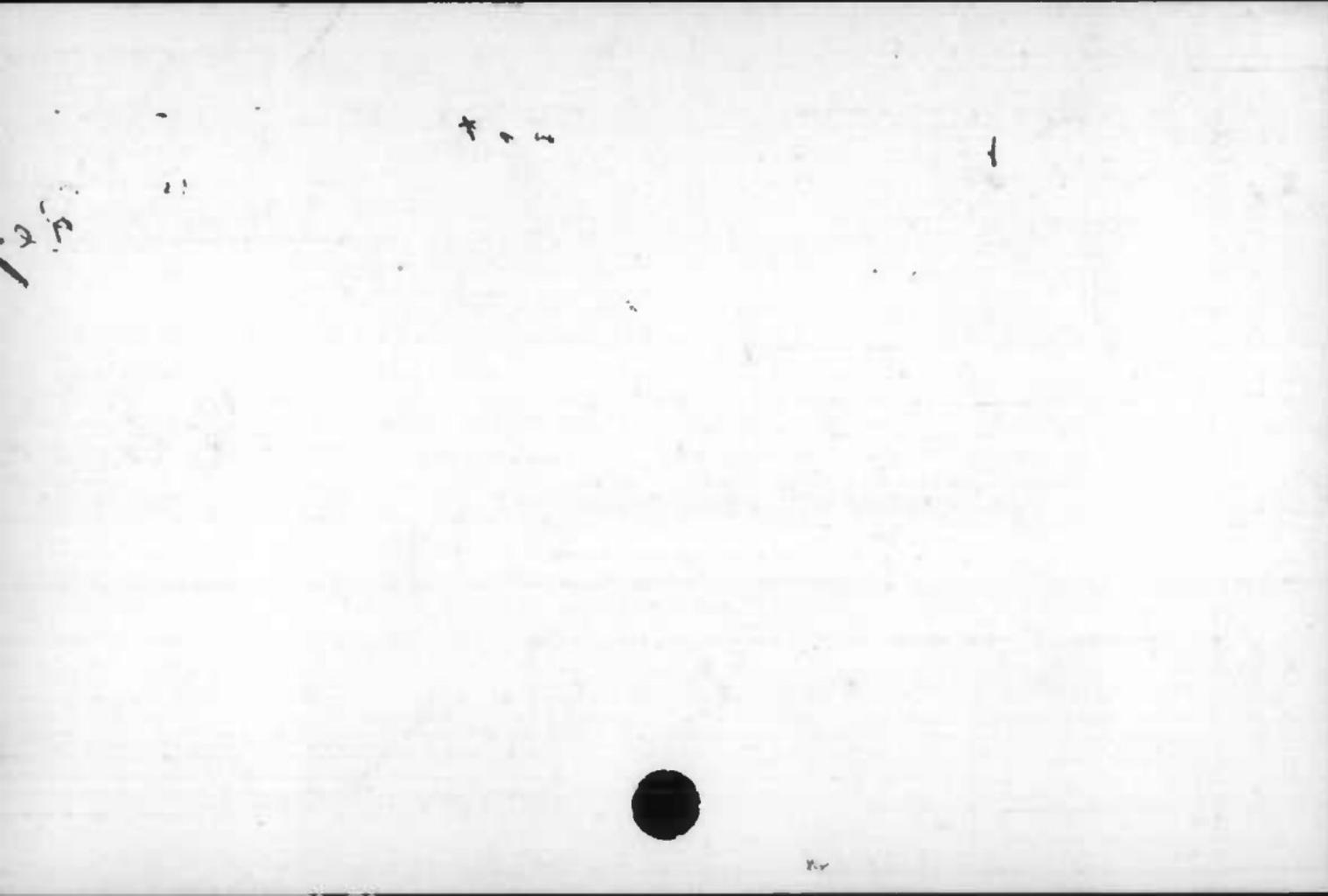
CAUSES OF DEATH

(S)

✓

Primary	How long
Immediate natural causes	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
Accident or Suicide?	

Cha O'Conney coroner  
Fords Store  
Towson Co Md



Name  
in  
Full

John Watson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	11	25	do not know		
Sex	Color or Race	Birth-place			
male	collard	do not know			
Occupation	Where Residing if not at place of death				
Worlerman	Baltimore				
Married, Single or Widowed	Name of Wife or Husband				
don't know	do not know				
Father's Name	Father's Birthplace				
do not know	do not know				
Mother's Maiden Name	Mother's Birthplace				
do	do				
Name of person giving Information	How related to deceased				
James H Morris	now				

CAUSES OF DEATH

172

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate Drowning

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

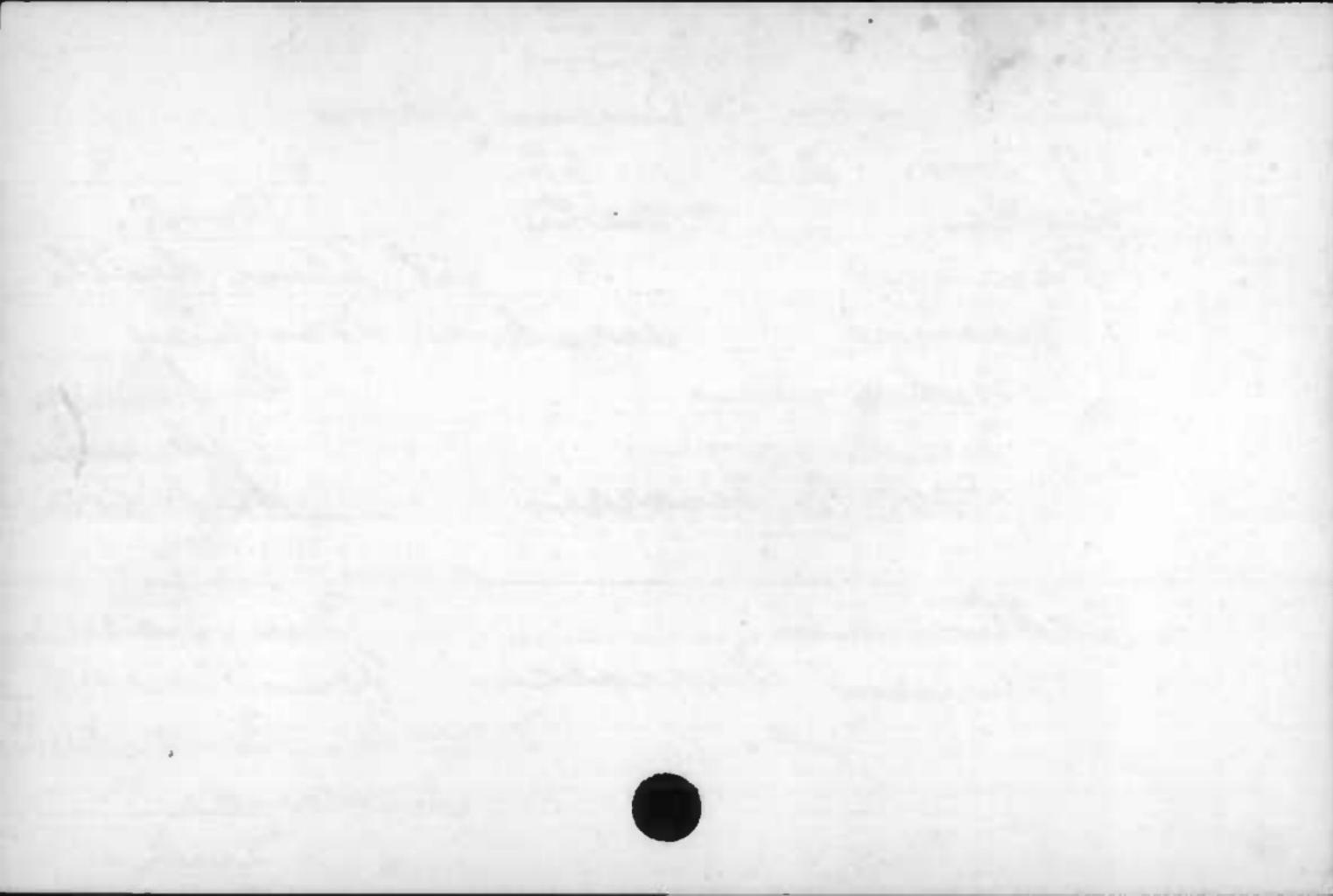
Address

Cha' O'Conney, coroner

Fords Stake

Queen Anne Co Md

Accident or Suicide? accident



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

William B. Wiggins

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	68	6	3	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	at place death.				
Father's Name	Sarah C. Wiggins					
Mother's Maiden Name	Unknown					
Name of person giving information	W. E. Morris					

CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary

Asthma

How long

Ten years.

Immediate

General Anesthesia

How long

Four weeks

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

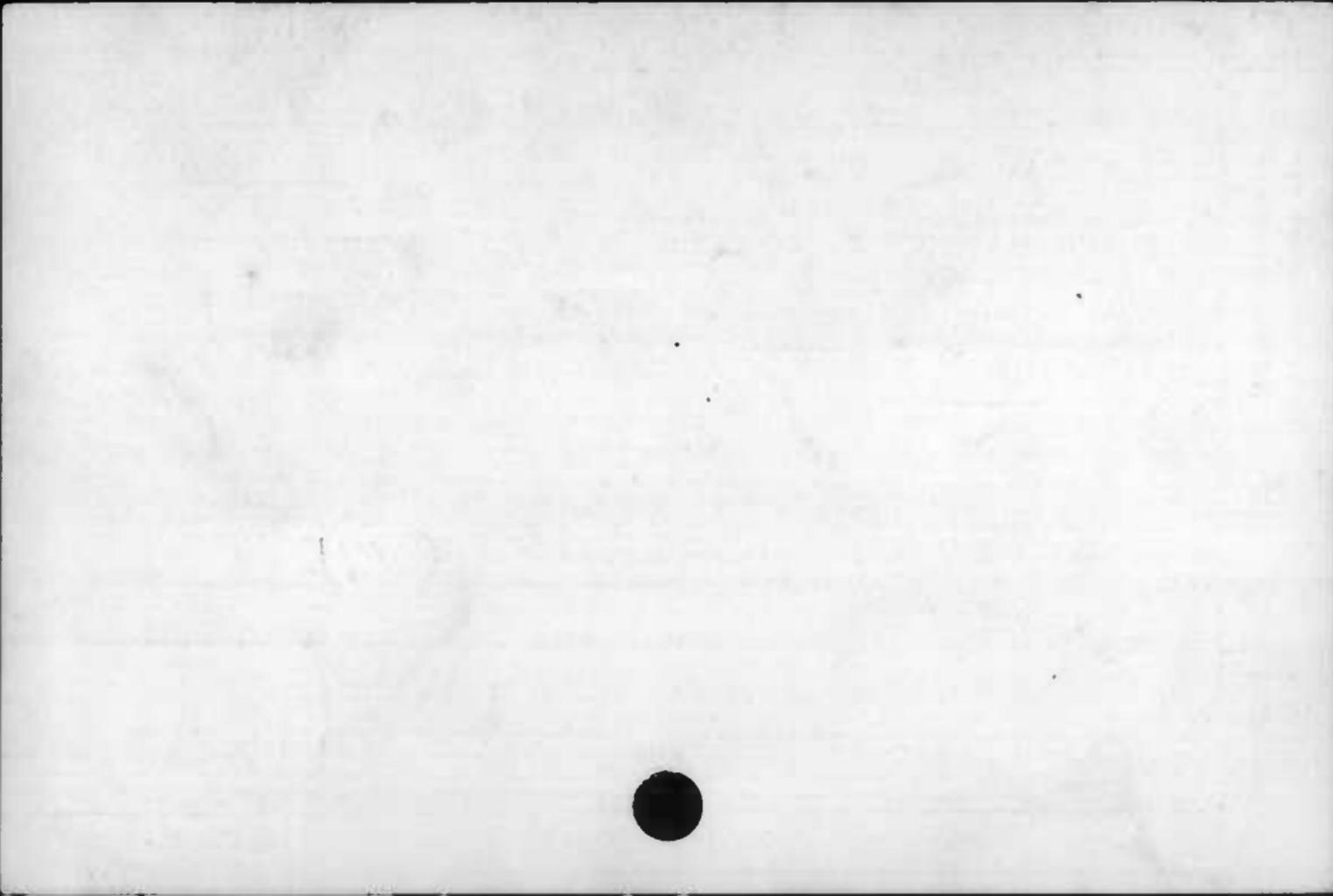
Wm. W. Bowen M.D.

Inglewood

Ind.

Accident or Suicide?

No.



Name  
in  
Full

Noah Ellsworth Williams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Winchester			County	Queen Anne's	
Died at	Month	Day	Years	Months	Days	
Date of death	1909	11	25	Age	23	1
Sex	male	Color or Race	Collard	Birth-place	2d Co. Ma	
Occupation	Farm Hand			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Carrie Williams			
Father's Name	Noah Williams			Father's Birthplace	2d Co. Ma	
Mother's Maiden Name	Mary Brown			Mother's Birthplace	2d Co. Ma	
Name of person giving Information	John C. Williams			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	172	
Immediate	Drowning	How long
Are the name, age, sex, color, date and place correctly given above?		How long
yes	Signature of Physician	Char' O'Conor, coroner
	Address	Fords Store
Accident or Suicide?	Queen Anne's Co. Ma	

(-CA)

